

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1191 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Stokes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 49 Years, Colored Months, ✓ Days.

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, House woman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Unrecorded C

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, { Give Street and Number. } 531 N Dallas St

Cause of Death, { First (Primary), Second (Immediate), } Reluctant Union of Heart

Duration of Last Sickness, Half an hour

All the above information should be furnished by the Physician.

Place of Burial, West River

Date of Burial, July 13 1887

Undertaker, William J. Dunge

Place of Business, 150 East St

Address, 413 N Broadway

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1192 Office of Registrar of Vital Statistics.

Ward 10th

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CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kesting

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 10 Years, 3 Months, 20 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 322 Marriion St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infant.
Ex -

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western C

Date of Burial, July 12th 1887 Wm. Ricker

M. D:

{ Undertaker, Phil Seewald Medical Attendant. }

{ Place of Business, 119 S. Eutaw Address, 576 Penn Ave }

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1193 Office of Registrar of Vital Statistics.

Ward 18^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 11th 1887

Full Name of Deceased, Mary E. Conroy
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 19 Years, 11 Months, 9 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 1033 Sharp St

Cause of Death, { First (Primary), Second (Immediate), } vomiting apoplexy

Duration of Last Sickness, short hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 13th 1887

Undertaker, Julius Koehler Therodore Corbo M. D.

Medical Attendant.

Place of Business, Sharp & Cross Address, 578 Hanover St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1194 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Winthrop Weston

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, _____ Months, _____ Days

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 317 St Paul

Cause of Death, { First (Primary), Second (Immediate), } Scrub Typhus

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 12, 1887

{ Undertaker, Geo. Rinehart } Thos. J. Ward M. D.

{ Place of Business, City } Address, 605 St Paul

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1195

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Monday night July 11th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Poli Gachop

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, N

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } old No 152 Chesapeake St

Cause of Death, { First (Primary), Second (Immediate), } Inanition
do

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 12, 89

J E Ingham M. D.
Medical Attendant.

Undertaker, Poli Brookawski

Place of Business, 1732 Olney Address, 2830 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1196

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lulu Jane Spillman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 10 Months, 10 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, { Give Street and Number. } 1535 Cole St.

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
Asphyxia.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, July 12th 1887

Undertaker, Jos. R. Smith

Place of Business, 1003 W. Baltimore

G. F. Boussem M. D.
Medical Attendant.

Address, 1904 Wilkens Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1197 Office of Registrar of Vital Statistics. Ward 3^d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Blakemore

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 71 Years, 12 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, German

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, { Give Street and Number. } 1734 E Lombard St

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 12 1887

{ Undertaker, W. Blakemore & Co M. D.

{ Place of Business, 1704 E Lombard St Address.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. ~~And~~ *be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1198

Office of Registrar of Vital Statistics.

Ward 13²

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CERTIFICATE OF DEATH.

Date of Death, July 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Stein

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 68 Years, 9 Months, 8 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Street Cleaning Department

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 829 Vine St.

Cause of Death, { First (Primary), Second (Immediate), } In my opinion, Atheroma.
Cerebral apoplexy in my opinion.

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July the 13.

Undertaker, Walter Immel

T. C. Worthington M. D.
Medical Attendant.

Place of Business, 594 N. Biddle St. Address, 840 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1199 Office of Registrar of Vital Statistics.

Ward 1st

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CERTIFICATE OF DEATH.

Date of Death, July 11th 1887

Full Name of Deceased, Josephus Witzelberger
{ Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, male
{ Cross out the word not required in this line. }

Age, 57 Years, 2 Months, 6 Days.

Color, white

Married, Single, Widow or Widower, married
{ Cross out the words not required in this line. }

Occupation, Cabinet maker

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 35 years

Place of Death, 221 N. Washington st
{ Give Street and Number. }

Cause of Death, Chronic Laryngo-Bronchitis
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, July 13th 87

Undertaker, G. F. Thomas J. H. Dausch M. D.
Medical Attendant

Place of Business, Banks & Wolf Address, 1727 E. Balto. st.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1209 Office of Registrar of Vital Statistics. Ward 14

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CERTIFICATE OF DEATH.

Date of Death, July 14/87

Full Name of Deceased, John King
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 36 Years, 00 Months, 00 Days.

Color, W.

Married, Single, ~~Widow~~ or ~~Widower~~, Single
{ Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, 2017 Pleasant St
{ Give Street and Number. }

Cause of Death, Central Congestion
asthma
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 13 4 57

Undertaker, G. Ramon

Place of Business, Bank St Address, 77 S. Bay

Supervised by Health

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]